Pregnancy Maintenance Initiative Client Satisfaction Survey

Agency I	Name:				
Agency (City:				
□ Friend/ □ Pregna □ Media	Relative ancy Care Provi (television, radi on Agency	ider io, newspaper)	Brochure from agency listed above Church Health Department Another agency: Other, specify:		
Maintena Prenat Medica Housin Alterna	ance Initiative/Cal Medical Care al Care (non-pre Client In	case Managemen e egnancy related) nfant	 □ Adoption Guidance □ Drug/Alcohol Assessment/Treatment □ Domestic Abuse Protection □ Child Care □ Parenting Education/Support 		
and the second figures of the second			with the PMI case manager? □ 3 weeks □ 4 weeks or more		
conflicte	d with work sch	edule or school, o	vices (e.g., transportation, appointments child care)? problem:		
Were the		es for services goo What days wo	od for you? ould have been better for you?		
manage less th 15-30	r or other staff a an 15 minutes minutes	at this agency:	o wait before you were seen by the case - 1 hour not applicable		

Did the case manager carefully listen to you?			
	□ Yes	□ No	
Did service providers carefully listen to you?	□ Yes	□ No	
Do you feel you participated in the goal planning?	□ Yes	□ No	
Were things explained in a way you could understa		□ Yes	□ No
If you checked "no" to any of the above, please exp	olain:		-
. Did you feel you were fully informed of:			
Available services to continue your pregnancy?	□ Yes	□ No	
Location of services?	□ Yes	□ No	
Requirements of services?	□ Yes	□ No	
Length of services during pregnancy and after?	□ Yes	□ No	
	W1454 0501		
141 11	r relative?	n Ye	
. Would you recommend these services to a friend o	i rolativo.	۵.0	s 🗆 No
. How old are you?			s 🗆 No
. How old are you? under 15 15-17 18-19 20-24	25-29		s □ No
. How old are you? under 15 15-17 18-19 20-24			s 🗆 No
. How old are you? under 15 15-17 18-19 20-24 2 30-34 35-39 40-44 45-54 2	25-29 55 or older erican Indian		